

LA-5
(Rev. 1991)

STATE OF WEST VIRGINIA
INSURANCE COMMISSIONER

Application for NON-Resident Agent's License

For Dept. Use Only

License # _____
Eff. Date _____
Powers _____

PART 1 – TO BE COMPLETED BY THE APPLICANT

- 1 FULL LEGAL NAME: First _____ Middle _____ Last _____
- 2 SOCIAL SECURITY #: _____ 5 DATE OF BIRTH: _____
- 3 RESIDENCE ADDRESS _____

PHONE _____
- 4 BUSINESS ADDRESS _____

PHONE _____
- 6 Are you currently licensed in West Virginia? If yes, license # _____ 6 ☐ Yes ☐ No
- 7 Are you familiar with West Virginia Insurance Laws and Administrative Regulations and intend to abide by the requirements and restrictions therein? 7 ☐ Yes ☐ No
- 8 Does applicant understand that it is illegal to pay any person any part of the premium or share commissions with a policyholder or other person who is not a licensed individual? 8 ☐ Yes ☐ No
- 9 Do you understand that all policies on West Virginia risks, issued as a result of your solicitation, must be placed, countersigned and consummated through a resident West Virginia agent of the issuing company. 9 ☐ Yes ☐ No
- 10 Do you understand that any & all address changes MUST be reported to this office within thirty (30) days? 10 ☐ Yes ☐ No
- 11 Have you ever been penalized or fined, had a license denied, refused, suspended or revoked by this Department or the Insurance Department of any other State? 11 ☐ Yes ☐ No
- 12 Have you ever been charged by an insurance agency or company with financial irregularities, or are you indebted to any insurance company for any overdue or unpaid money? 12 ☐ Yes ☐ No
- 13 Have you ever been indicted for, or convicted of, a felony or misdemeanor (exclude traffic violations)? 13 ☐ Yes ☐ No

* **NOTE:** Any "YES" responses to Questions 11, 12, and/or 13 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

APPLICANTS SIGNATURE: _____ DATE: _____

NOTARY SECTION:

State of _____, County of _____

The applicant, whose name appears signed to the writing above, after being duly sworn by me, says that the above statements are true to the best of his or her knowledge or belief.

Taken, sworn to and subscribed before me this _____ day of _____, in the year _____.

Notary Public Signature: _____ (Seal)

My Commission Expires: _____

PART 2 – TO BE COMPLETED BY THE INSURANCE COMPANY

West Virginia Company Id (10 digits)

COMPANY NAME: _____ hereby appoints

AGENT NAME _____ as a Non-Resident Agent for:

___ Life (includes Credit Life) ___ Variable Annuity
___ Accident and Sickness (Includes Credit A & S) ___ Property-Casualty

Pursuant to WV Admin. Regulations – Series 2, the company has made an investigation as to the suitability of the appointee. Attached is \$25.00 License Fee – Check # _____ Dated _____

X _____ (_____) _____
Appointing Official Signature Date Phone Number

INSTRUCTIONS

STATE OF WEST VIRGINIA
INSURANCE COMMISSIONER
Application for Non-Resident Agent's License/Appointment

PART 1 -NON-RESIDENT APPLICANT'S INSTRUCTIONS:

- 1 Legal resident of a state OTHER than West Virginia MUST apply as a Non-Resident Agent.
- 2 To be used by Non-Residents applying for a first-time license or to add additional appointments to an existing license.
- 3 Complete and sign Part 1 of the application before a Notary who must notarize your signature.
- 4 Attach documentation, as required, if response is "Yes" to Questions 11, 12, and/or 13.
- 5 Address changes must be reported to Agent Licensing within thirty (30) days.

PART 2 – INSURANCE COMPANY INSTRUCTIONS:

Complete Part 2 and sign by Appointing Official.

INCOMPLETE AND/OR INCORRECT APPLICATIONS WILL BE RETURNED TO THE COMPANY FOR COMPLETION AND/OR CORRECTION.

The completed application must be accompanied by:

- License Fee: \$25.00 Company check, made payable to WEST VIRGINIA INSURANCE COMMISSIONER
- Letter of Certification from applicant's home state insurance department.
- Documentation of responses to Questions 11, 12, and/or 13, if applicable.
- Self-addressed return envelope. (ACKNOWLEDGMENT WILL NOT BE MAILED UNLESS THE ENVELOPE IS PROVIDED.

Send to:

WEST VIRGINIA INSURANCE COMMISSIONER
Agents Licensing
PO Box 50541
Charleston, WV 25305-0541

Phone:

304.558.0610